

Foster Family Home - Deficiency Report

Provider ID: 1-100089

Home Name: Severino Fernandez, CNA

Review ID: 1-100089-9

94-1038 Hahana Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/8/2021

Foster Family Home


Required Certificate

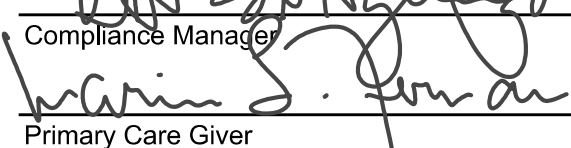
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

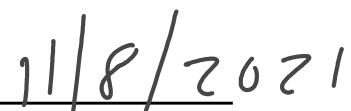
Comment:

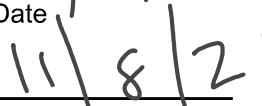
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.



Compliance Manager


Primary Care Giver



Date


Date